Federal Healthcare Resilience Work Group EMS/Prehospital Team

Rural EMS COVID-19 Preparedness Checklist

Product (EMS47) Purpose

This checklist serves as a reference for rural response agencies to evaluate their current preparedness and identify areas that need further mitigation measures. The evaluation of checked items can serve as a guide to develop solutions. Further, if this process is used by partner agencies, strengths can be aligned to facilitate collaborative planning and maximize preparedness efforts.

Developed By

The Federal Healthcare Resilience Working Group (HRWG) is leading the development of a comprehensive strategy for the US healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Working Group's EMS/Pre-Hospital Team is comprised of public and private-sector EMS and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This team includes subject matter experts from the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), National 911 Program, Federal Emergency Management Agency (FEMA), US Fire Administration (USFA), US Army, US Coast Guard (USCG), Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) and nonfederal partners representing stakeholder groups. Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors, and associations to better respond to the COVID-19 pandemic.

Intended Audience

State, Local, Tribal, and Territorial Governments (SLTTs), First Responders (Law Enforcement, Fire & Rescue, Emergency Medical Services (EMS) and 911 communication personnel) with a focus on those in rural areas.

Expected Distribution Mechanism

EMS.gov, OEMS stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, HRWG external affairs, add to the HRWG Rural Tool kit, ASPR TRACIE, IHS Tribal EMS distribution list, EMS for Children (EMS-C) distribution, HRSA rural partners. Request assistance distributing to FEMA/HHS RECs

Primary Point of Contact

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Date Published August 26, 2020

July 15, 2020

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Introduction

Emergency Medical Services in rural segments of the US are disproportionally impacted by the COVID-19 pandemic due to a myriad of issues, including workforce, revenue, and other unique stressors present within the rural environment. Identification and development of preparedness and resilience efforts are imperative to ensure all facets of the response community have the knowledge and tools to effectively respond.

Purpose

This checklist is a reference for rural response agencies to use to evaluate their current position and identify areas that need further mitigation measures. The collection of checked items can serve as a template towards solution development. Further, if this same process is used by other partner agencies, collaboration between partners can facilitate cooperative planning and preparedness efforts that leverage the qualities of each organization.

Categories

Categorization will assist in focusing attention into specific areas, as needed. Although it is important to review all categories, many may not require the same amount of attention others. Additional items might be required in some categories since local needs will vary greatly across the country.

Planning ☐ Engage with local emergency management agency, 911 call center, local health department, first responding partners (law enforcement, search and rescue, etc.), mutual aid agencies, local hospitals, and local long-term care facilities to identify needs and plan response. ☐ Ensure agency infection control policies are consistent with local, state, and CDC's COVID-19 infection prevention guidance. ☐ Review protocols, policies, and procedures for rapidly implementing appropriate infection control and prevention practices for potential COVID-19 patients. ☐ Ensure availability of an adequate, clearly indicated areas for the disposal of biological/infectious waste in ambulances and facilities ☐ Review and update Patient Care Reporting forms and programs to allow for reporting PPE use and shortages, special studies, etc. ☐ Ensure mutual aid processes / agreements are updated and distributed. ☐ Determine if there are any higher-risk areas within your district that might pose a higher level of impact from COVID-19, such as nursing/long-term care facilities, assisted living facilities, correctional facilities, tribal communities, etc. 2

This guidance applies to all EMS delivery models including but not limited to; free standing, municipal third-service; fire-based, hospital-based, private, independent, volunteer, and related emergency medical service providers.

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☐ Identify and define the process to engage telehealth consultation facilities for telehealth resources to respond to specific needs (e.g. one medical oversight resource vs separate facilities for primary care, cardiac, trauma, etc.)	
☐ Determine the availability of alternative forms of transportation, such as rotary or fixed-win aircraft to facilitate interfacility transfers.	g
☐ Determine the procedures for contacting and required information to request rotary wing a fixed wing programs	ınd
Strategy ☐ Monitor the COVID-19 pandemic at CDC's COVID-19 website, state health department websites, and your local health department.	
☐ Review plans for implementation of surge capacity procedures and management of scarce resources by engaging local hospitals or acceptable alternate destinations and emergency management agency.	Э
☐ Ensure processes are in place to engage FEMA, which begins with the emergency management processes via the local and state level management points of contact.	
☐ Develop contingency plans for hospital reroute/diversion due to COVID positive patient or surge capacity issues	
☐ Develop a plan with local hospitals to manage inter-facility transport	
☐ Establish for a Medical Operations Coordination Cell (MOCC) if appropriate.	
☐ Determine if a medical-centric Community Risk Reduction program benefits your commun	ity
Personal Protective Equipment (<i>PPE</i>) and Supplies ☐ Review hand hygiene policies and supplies (e.g., accessible alcohol-based hand rub).	
☐ Review supplies of appropriate PPE.	
☐ Plan how to obtain adequate supplies of appropriate -PPE.	
☐ Review supplies of appropriate cleaning and disinfection products (e.g., EPA-registered disinfectant appropriate for coronavirus in healthcare settings).	
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Workforce/Recruiting ☐ Ensure prehospital providers who will provide patient care have been medically cleared, fittested, and trained for respirator use
☐ Review policies and procedures for screening and work restrictions for exposed or ill providers ensuring that they have ready access, including via telephone, to medical consultation, etc.
□ Provide education and training to prehospital providers regarding COVID-19 diagnosis, how to limit COVID-19 exposures, appropriate PPE use, effective communication with staff at healthcare facilities, sick leave policies, and how to report suspected COVID-19 cases within your agency along with procedures to take following unprotected exposures (e.g. not wearing recommended PPE).
☐ Evaluate availability of current staff, including conflicting work assignments, second jobs, employee risk factors such as age, etc., to ensure an adequate level can be maintained.
☐ Determine the need for procedures to ensure the safety of personnel when working in close quarters, such as social distancing, sleeping arrangement alteration, etc.
☐ Evaluate the need/benefit of adding or increasing financial incentives
Revenue/Funding □ Evaluate the need for future expenses over the next 12 months.
☐ Evaluate and implement alternative fundraising methods.
☐ Identify state and / or federal assistance programs, grants, that could be beneficial, and consider pre-staging required information, forms, etc.

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